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		Division of Cor	rporations			
L.f.		Fax Number	: (850)617-6380			
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دن	From:				7621	
		Account Name	: REGISTERED AGENTS INC.	-		
i.		Account Number	: 120090000081	•	رد	
		Phone	: (307)200-2803	• • • •		, .
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**Ent	er the er	mail address for	this business entity to be used for	füture	ယ္	
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REGISTERED AGENT CHANGE TENTECH CORPORATION

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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	PLOPIDA	uis ———	
1. The name of	the corporation: TENTECH CORPO	PRATION			
	d office address; 7330 NW 66th St.,				
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: 03/06/2009	Document number: P09000	021467		
	nd street address of the current register artment of State: (If resigned, enter re	ered agent and registered office on file wesigned)	vith the		
	REYES A. JOE, CPA				
	6701 Sunset Dr., Suite 100		-		
	South Miami, FL 33143		-	3021 I.T.B	
6. The name and street address of the new register (if changed):		d agent (if changed) and /or registered or	ffice : -:	U i	
	Northwest Registered A	gent LLC	- Mes	PM 3: 0	17
	7901 4th St N STE 300		四图	3: 0	*ERS
		ox NOT acceptable	1.1	_	
	St. Petersburg FL 33702	<u> </u>	-		
The street addras changed wil	ress of its registered office and the s Il be identical.	street address of the business office of i	ts registere	d agem	l,
Such change wauthorized by t	vas authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an en notified in writing of the change.	officer so		
777777157. Stenat	OXT IME TENSOLOTI	MANUEL JAIME LEIBOVICH, V			
l further agree performance o	f my duties, and I am familiar with a	••	nplete n as reviste	ered I	
lon	Glove	03/15/2021			
Si	gnature of Registered Agent	Date			
If signing on be	ehalf of an entity:				
Tom Glove					
	Typed or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *